

BoD November\_FINAL\_Red Risks

TRR	Ref Number	Description of Risk	L	C	RRN	Category	Summary of risk reducing plan	Lead	Expected end date	Review dates	Monitored at and by	L	C	RRN
59	COO2	Trust is not prepared for the impact of flu/swine flu outbreak and all aspects of performance (including financial because additional costs) are compromised. Impact on staff and hence capacity in all areas at greatest risk of compromise - e.g. ITU Failure to have business continuity plans in place	5	5	25	Performance	Approach remains as follows. Infection control team fully engaged with Infectious Diseases clinical teams. Reports made regularly to Executive team, Care Quality Board and Board of Directors. 'Autumn' spike - risks around size and severity - currently slow rise being seen in cases Business continuity plans being developed across all areas with focus on staff issues and services for children. Notice being taken of potential knock-on effects - e.g. on urgent elective surgery for cancer patients  Plans being put in place to increase the uptake on vaccination for staff - significant resistance currently.	MD COO	ongoing	monthly	Operational Performance Board Care Quality Board Oxon and SHA Control system Governance Committee	5	5	25
45	P&I001	Commissioners will be unable/ unwilling to fund actual patient activity beyond the £5m cap in 2009/10	5	5	25	Finance	SLA assumptions agreed early with Oxon. Assumptions shared early with Divisions and Directorates. Shared risk management provisions negotiated as part of contract discussions. Board kept up to date with progress of discussions and financial reporting takes account of the CAP. Increased clinical involvement in discussions with commissioners. Weekly meetings held with PCT to manage contract over performance. Issues escalated to Executive to Executive meetings with PCT. Trust also in discussion with SHA.  SHA facilitated demand management initiative agreed with PCT	DP&I DF&P	31/3/10 (end of contract period)	Monthly	Operational performance meeting Income Board Finance and Performance Committee Weekly activity management plan meetings with the PCT. Executive to Executive Meetings with the PCT.	4	5	20
44	F015 DivB031 FT002 FT002a	Failure to deliver performance improvement and cost reduction programme compromises financial performance, standing, reputation, services and FT application Reductions in management capacity will impact on performance NB Links to longer-term financial position	5	5	25	Finance	Rigorous Board-led review and agreement of plans with full engagement of divisions and clinical teams Support from performance improvement team Regular reviews through Cost Reduction Programme Board and Operational Performance Board.  Additional intensive support secured to cover 18 weeks, ED performance, procurement, CIP, finance/Manpower algorithm controls and practices	DF&P COO	Ongoing	Weekly, monthly	Divisions and Directorate Boards Operational performance and cost reduction programme Boards Finance and Performance Committee Board of Directors	4	5	20

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46	P&I004	Problems with the recording and reporting of information will lead to a loss of income and misreporting of income within the Trust. 18 week wait performance will impact on reputation and finance	5	5	25	Finance	Measures in place and commissioning and information resource strengthened. PCT data challenges considered at Income Board. Training and awareness exercise across Trust Detailed work underway to tackle 18-week issue with Project Director now appointed. Liaison with DH, SHA and PCT to manage impact (see also 44 above)	DP&I COO	31/03/2010	Monthly	Data Quality Board (reports to Information Governance Group) Income Board Operational performance meeting Board of Directors	5	4	20
36 & 58	HR DivB021 DivB020 DIVA009 DIVB027 DivC018 DivC020 DivC025 DIVA026 DIVA032 DIVA040 DivC014	Staffing constraints and workload pressures in specific areas and across the ORH impact on service provision and quality - requirement for workforce plans across all areas Restructuring proposals may have impact Line Insertion Team, Day Therapy Units, Cardiac services - impact on Hospital at Night. Risks in labs related also to RSI/upper limb injury, potential to meet CPA standards, failure to meet screening standards for (e.g. Down's Syndrome) Lack of sufficient anaesthetists remains a major concern for Division B Pharmacy and therapies, Radiologists (support to ED) Single Horton Cardiologist, Obstetric staffing delivery suite cover requirements impact at both JR and HGH Orthogeriatrics support EWTd compliance issues	5	4	25	Use of Resources	Affordable workforce plans being developed by directorates and recruitment and retention initiatives VCF process remains in place Individual and directorate development plans required Loss of income risks to labs as a result of screening work/and loss of CPA accreditation Anaesthetics gap remains despite reduction in number of operating lists in 09/10; review to address real shortfall. Obstetric delivery suite cover - resources to be identified to meet requirements for end 2012 but review of current hours on both sites underway to ensure 40 hours working to 60 hours Workforce plan in place for restructuring - involving affected individuals and staff side EWTd issues impact on safety of services - continuity of services and out-of-hours cover (less senior/experienced staff providing cover)	COO DHR	Ongoing	Weekly, monthly	Divisional and Directorate Boards Operational performance meeting and cost reduction programme Board Workforce Committee Board of Directors	4	5	20

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28	DIVA001 AGM	Failure to meet emergency access target compromises patient care and overall performance (4 hours) Links across wide range of inpatient services and ED services Impact across JR and Horton and impact on Annual health check for 09/10	5	5	25	Performance	Full Implementation of Emergency access development now underway linking with both PCT and SHA. Five workstreams being taken forward - co-location with GP on call services at JR now being planned for early November Minors performance consistently c 99% and review of Majors performance underway to understand causes and effects Review to present system of bed allocation and data collection underway PIT aiming to reduce length of stay by 10%, esp. in surgical areas so links with ED flows Improvement of range of care pathways e.g. NoF, Stroke, head injuries underway Reduce delays to intermediate care - discharge redesign project now being planned Revisit of ISTs for emergency department to review current performance and processes and make further recommendations	COO	31/12/2009	Quarterly and monthly	Directorate and Divisional Boards Operational Performance Board Board of Directors SHA	4	4	16
52	P&I008 FT005	Failure to obtain AHSC designation will adversely impact on reputation and finance and could compromise BRC Failure will impact on progress with integration of patient care, teaching and research Lack of clarity on reapplication process continues	5	5	25	Reputation	AHSC Steering Group meetings held in June and September and leadership group agreed. Project plan drafted and agreed by partners at meeting of Implementation Steering Group 2 September. Agreement reached on way forward - resources to be clarified and leadership arrangements to be finalised pending changes at SHA. Meeting to be held 5 November for further discussion on way forward Confirmation of commitment from all stakeholders to AHSC rebid within current financial constraints. ORH also highlighted needs of other wider stakeholders and commissioners. Leadership arrangements at DH clarified but further information awaited on reapplication process. Note ORH also a partner in HIEC bid being led by OBMHFT submitted 29 October 2009	DP&I	31/03/2010	Monthly	Implementation Steering Group F&PC Board of Directors	4	4	16

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4	DivC006 Med 006 DivB003	Sustainability of safe services for maternity, paediatrics, gynae and anaesthetics at the Horton General Hospital post IRP decision for at least the next two years while PCT develops long term vision for services	5	5	25	Safety	Interim Plan agreed by Board of Directors and PCT Board in July 08. Plan now being implemented and risks being monitored with key partners. Next phase begins July 2009 - evaluation of Invitation to Innovate and developments of sustainable models of care. In September 2009, this work will then be taken over by service based groups tasked with developing clinically and financially sustainable models of care. Problems experiences in maintaining interim plans in paediatrics and emergency department. Contingency plans developed for implementation if required.	COO DP&I	Ongoing	Weekly and Monthly	Directorate and Divisional Boards quarterly at Division C's clinical governance accountability review meeting Board of Directors	4	4	16
56	FP	Current and long term financial position across the health economy compromises financial stability of the Trust: Scale of CIPs required Impact on LTFM (and hence FT) Anticipated year on year negative growth	4	5	20	Finance	System wide approach required Board consider further through Finance and Performance Committee and Away day Whole-system strategy events in train to support the quality, innovation and productivity agenda. 2-day whole system workshop scheduled for September but significant pressures remain. Recovery plan being finalised for Board review October and November Line by line review of current budgets, review of CIP performance and procurement initiatives to be pursued through new support Director	DF&P	Ongoing	Monthly	Cost Reduction Programme Board Executive Directors Finance and Performance Committee Board of Directors	5	5	25
25	DivB018	Failure to expand endoscopy facility -Trust may fail to become Bowel cancer screening centre. Currently in bottom 10% of Trusts able to offer local population such screening. Concomitant risk to income and Trust reputation	4	5	20	Performance	Capital secured. Alternative accommodation for clinics currently taking place in Red OP has been identified to allow for expansion However, building works have resulted in greater disruption than anticipated - this therefore has had an adverse effect on waiting times for endoscopy Presentation to September Board meeting on screening programme. Accreditation visit mid-October	COO	31/03/2010	Monthly	Divisional Board Bowel cancer screening group	4	5	20

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23	DivB001 DivB031	Tensions between access targets and quality and safety requirements compromise performance in all areas, particularly at a time of increased financial pressures. Pressure to accommodate range of improved access times, requirements for safe isolation and cohorting of patients with infections, gender separation, care of the dying etc. against significant financial constraint results in pressure and a very challenging risk management. Demand management pressures conflict with all of the above	5	4	20	Performance	Board of Directors has confirmed importance of the safety and quality agenda but acknowledged tensions. Regular consideration at Care Quality Board Performance improvement programme provides framework through which such requirements are managed. There are clear KPIs designed to mitigate the risks and manage what are sometimes competing priorities. Pressures on spend/cash and activity remain and monitored through divisions and directors and Cost Reduction Programme Board . See also Risk 1 above with update on Mid Staffs Support in ORH to work with divisions and directorates on operational performance (see also 44 above)	COO DNCL	31/03/2010	08/07/2009	Operational Performance Board Care Quality Board Cost Reduction Programme Board Divisional Boards Finance and Performance Committee Board of Directors	4	5	20
61	DivC (but trust wide)	Provision of aseptically dispensed medicines including chemotherapy, TPN and clinical trials compromised as a result of current failure of tender process	5	4	20	Safety	Options being explored re: continuation of current contract extension discussions, exploration of alternative suppliers of ready made products, alternative suppliers of services if no alternatives available. Cost issues.	COO	tbc	30/11/2009	Directorate and Procurement team Weekly reviews	5	4	20
48	P&I010	Failure to achieve private patients income and 'bottom line' compromised due to : Lack of theatre capacity in Wytham Wing; Economic downturn; Beds availability in West Wing and CHOX; Nurse recruitment; BUPA network policy; Delays in agreeing Capital programme;	5	4	20	Finance	Urgently need 5th day of first Wytham Wing theatre and option for more sessions from 2nd PP theatre. Agreement with Theatre directorate continues to be sought. Investigating overseas market options. investigating better process in West Wing for securing beds. A number of services not yet focused on PP income - Need more ownership of PPs in some Services. Nurse recruitment difficulties remain to facilitate opening of additional beds. Working with BUPA to find solution to network issue on a range of specialties. Secured Ophthalmology network approval tbc. Private patients' infrastructure now developed and working effectively. Some key consultants have not delivered the work as suggested.	COO	Ongoing	Monthly	Operational performance Meeting Board of Directors/Audit Committee	4	4	16

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1	N007 N010 HCAI001a HCAI00	Improvements in patient safety not delivered as comprehensive safety framework not embedded and patient safety compromised Financial situation could divert attention from the safety agenda Staff health and safety compromised and registration with CQC may be compromised Failure to address actions in external reports (e.g. Mid Staffs, Children's Services) compromises safety Failures to address risks associated with multiple health records compromise patient safety and treatment	4	5	20	Safety	Strong governance arrangements in place incl. Non-executive and Executive leads: Care Quality Board established with specific remit re patient safety and regular review of risks SHA review of Board assurance on HCC's review of Mid Staffs and Birmingham Children's Hospital showed 3/56 amber areas with remainder as green. Continued areas of focus reacting to both SHA review and ORH internal review Successful NHSLA level 1 assessment Sept 09 - Governance, safety, quality and risk framework agreed by BoD Sept 2009. Arrangements in less strong directorates to be addressed and monitored. Risks associated with multiple case notes for individual patients highlighted at recent Care Quality Board meeting	DNCL COO	31/03/2010	Frequent formal and as required monitoring	Through the governance, safety, quality and risk arrangements in place Divisional committees, Care Quality Board, Cost Reduction Improvement Board, Operational Performance Board, Governance Committee Board of Directors SHA/DH/CQC monitoring	4	4	16
							Working Group on management of surgical risk established with external chair and other members. Successful raining day on human factors training held 19 October 2009 and plans underway for course agreement and roll-out							
32	EF004	Insufficient capital funding for the existing asset despite planned closures and exacerbated by keeping buildings open because of demand Failure to obtain DH sustainability funds, and increasing energy costs, may result in Trust generated capital being required for major energy efficiency scheme advancement.	5	4	20	Use of Resources	Risk assessment re backlog and recent condition survey of estate. A £1m contingency sum to be set aside in 09/10 Capital Plan to cater for any urgent items Progression of new Estates Strategy and site Master Plans will assist in ensuring best value from matrix of estate rationalisation, investment and development. Detailed review of backlog risk profile under way	DE&F	2011/2012	Monthly	Benchmarking (ERIC returns). Executive Directors Commercial Group Board of Directors	4	4	16
43	RELO13 Div B	Bed pressures mean that GI wards may have to have patients in unfunded beds. In particular endocrine patients have no home ward till H&N move. GI wards not staffed to take these patients.	5	4	20	Use of Resources	Senior Nurses and Directorate manager reviewing staffing plans against current workforce strategy.  However, recently have had to close beds due to staffing shortages and hence risks to patient safety and service quality have increased	COO	31/03/2010	31/12/2090	Divisional Board	4	4	16
Key	AHSC	Academic Health Science Centre				DP&I	Director of Planning and Information							
	CQC	Care Quality Commission				FT	Foundation Trust							

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	<b>C</b>	Consequence of risk				<b>HRG4</b>	Health Resource Group (V4)							
	<b>COO</b>	Chief Operating Officer				<b>KPIs</b>	Key performance indicators							
	<b>DHR</b>	Department of Health				<b>L</b>	Likelihood of risk							
	<b>DF&amp;P</b>	Director of Finance and Procurement				<b>LTFM</b>	Long term financial model							
	<b>DHR</b>	Director of Human Resources				<b>MD</b>	Medical Director							
	<b>DNCL</b>	Director of Nursing and Clinical Leadership				<b>RRN</b>	Risk Rating Number							
	<b>DE&amp;F</b>	Director of Estates and Facilities				<b>SHA</b>	Strategic Health Authority							
						<b>TRR</b>	Trust Risk Register							